

# Application form

**Closing date for applications:**

**No later than 5pm (UK time) on  
Tuesday 23 July 2024**

CCNI005/24/DIS: Director of Infrastructure & Sustainability

Consumer Council for Northern Ireland

Applicants may complete the application form online.

Handwritten application forms must be completed in legible, block capitals using black ink.

## Part 1: Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | |  |
|  | | | |
| **­­Forename** |  | |  |
|  | | | |
| **Middle name(s)** |  | |  |
|  | | | |
| **Surname** |  | |  |
|  | | | |
| **Former surname(s)** (if applicable) | | |  |
|  | | | |
| **Address** | |  |  |
|  | | | |
| **Town** |  | |  |
|  | | | |
| **County** |  | |  |
|  | | | |
| **Postcode** |  | |  |
|  | | | |
| **Date moved to address** |  | |  |
|  | | | |
| **National Insurance number** |  | |  |
|  | | | |
| **Please provide details of where you can be contacted during working hours:** | | | |
| **Email address** |  | |  |
|  | | | |
| **Mobile** |  | |  |
|  | | | |
| **Telephone** |  | |  |

## Part 2: Employment history

**Only** the information provided by you in Part 2 and Part 3 will be provided to the selection panel who will determine your suitability to progress to the next stage.

**Employment history (start with present/most recent employer)**

Detail all your employment/self-employment (and unemployment). If you were employed by the Northern Ireland Civil Service or Northern Ireland Office during this period, give details of the employing Department and whether temporary, fixed-term or permanent.

|  |  |  |
| --- | --- | --- |
| **Dates: month/year** | **Name and address of employer** | **Job title** |
| From: |  |  |
| To: |

|  |  |  |
| --- | --- | --- |
| **Dates: month/year** | **Name and address of employer** | **Job title** |
| From: |  |  |
| To: |

|  |  |  |
| --- | --- | --- |
| **Dates: month/year** | **Name and address of employer** | **Job title** |
| From: |  |  |
| To: |

|  |  |  |
| --- | --- | --- |
| **Dates: month/year** | **Name and address of employer** | **Job title** |
| From: |  |  |
| To: |

## Part 3: Eligibility and shortlisting criteria

**Eligibility criteria -** by the closing date for applications, applicants must provide evidence in their application form which demonstrates that they personally satisfy each of the following eligibility criteria.

**Recent\* in this context is defined as applicants demonstrating at least three years’ experience gained within the last eight years.**

**Senior level\*\* in this context is defined as delivering outcomes on behalf of senior management team operating just below Board level. Within the Consumer Council, this is at Deputy Principal grade or equivalent.**

|  |
| --- |
| 1. Please demonstrate your recent\* experience of working in regulated markets and/or sectors to meet social, public and/or corporate policy objectives.   [500 words max.] |
|  |

|  |
| --- |
| 1. Please demonstrate your recent\* experience at a senior level\*\* of developing and implementing strategy, policy and/or business plans to meet organisational objectives and targets.   [500 words max.] |
|  |

|  |
| --- |
| 1. Please demonstrate your recent\* experience at a senior level\*\* of values-based leadership and effective communication to achieve strategic priorities and meet stakeholder expectations.   [500 words max] |
|  |

|  |
| --- |
| 1. Please demonstrate your recent\* experience at a senior level\*\* of representing an organisation and building effective stakeholder networks to deliver shared objectives and outcomes.   [500 words max] |
|  |

|  |
| --- |
| 1. Please demonstrate your recent\* experience at a senior level\*\* of managing budgets and delivering value for money within governance and financial accountability guidelines.   [500 words max] |
|  |

## Part 4: Further information

### Test / interview / offer of appointment adjustment requirements

As an Equal Opportunity Employer, we wish to ensure that all applicants have the opportunity to perform to the best of their ability in either a test or interview situation. We also wish to be able to consider any reasonable adjustments you may require should you be offered an appointment.

|  |
| --- |
| Please let us know if you require any reasonable adjustments, or arrangements to enable you to attend for test/interview or take up an offer of appointment. **We will only advise test administrators or selection panel of adjustments they NEED to know about in managing test or interviews.** |
|  |

### Other information

#### If appointed, how much notice would you require before taking up appointment?

|  |  |  |
| --- | --- | --- |
| Available immediately |  |  |
| 1 week |  |  |
| 2 weeks |  |  |
| 1 month |  |  |
| Over 1 month |  |  |

### How did you learn of the post? (Tick one only)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recruitment agency |  |  | Loadzajobs |  |  | Recommended by friend |  |  |
| Careers convention |  |  | Local paper |  |  | Publicjobs.ie |  |  |
| Financial Times |  |  | NI Jobs |  |  | Radio |  |  |
| Guardian |  |  | Belfast Telegraph |  |  | Specialist publication |  |  |
| NICS recruitment website |  |  | Irish Independent |  |  | Sunday Times |  |  |
| Other website |  |  | Irish News |  |  | Job Centre Online |  |  |
| Irish Times |  |  | Newsletter |  |  | Sunday Life |  |  |

### NICS employment history

If you have ever been employed in the Northern Ireland Civil Service / Northern Ireland Office in any capacity or on secondment or through an employment agency, you must provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently, or have you ever been employed by the NICS? | |  | |
|  | | | |
| **If you answered "Yes" to the above question, please complete the remainder of this page, otherwise please move on to Part 5.** | | | |
|  | | | |
| If you are or have been employed by NICS, please provide your NICS payroll number. | |  | |
|  | |  | |
| Name of current / last employing department. | |  | |
|  | |  | |
| Secondment from or Employment Agency:  (if applicable) | |  | |
|  | |  | |
|  |  |  |  |
| Have you ever received a written warning? |  | If so, please give the date of issue: |  |
|  | |  | |
| Have you ever received a final written warning? |  | If so, please give the date of issue: |  |
|  | |  | |
| Have you ever been dismissed from a NICS post? |  | If so, please give the date of issue: |  |

## Part 5: Declaration

1. I have read and understood the information provided in the Candidate Information Booklet.
2. I undertake to inform in writing of any change in my circumstances which may occur between the date of my application and any possible date of appointment.
3. The responses detailed in this application form are true and accurate to the best of my knowledge and belief. I understand that if I am found to have suppressed any material fact or to have given false answers I will be liable to disqualification or, if appointed, will face disciplinary actions which may include dismissal.
4. I agree that the Consumer Council may store and then dispose of my Access NI disclosure certificate, by secure means, after a decision on my application has been made.

|  |  |
| --- | --- |
| Signed: |  |

## Part 6: Instructions for submission

### Please refer to the Candidate Information Booklet for details of where to return your completed application.

**Your application must be received no later than: 5pm (UK time) on 23 July 2024.**

**Please complete the equal opportunities monitoring form on the following two pages.**

**Failure to complete and return it will result in disqualification.**

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## Part 7: Equal opportunities monitoring

### In confidence (return with your application form)

**Please note this form is regarded as part of your application and failure to complete and return it will result in disqualification.**

**Please ensure that you read the notes for guidance in the Candidate Information Pack before you complete this part of your application form.**

It is the policy of the Consumer Council to ensure that all eligible persons have equal opportunity for employment and advancement in the Consumer Council on the basis of their ability, qualification and aptitude for the work. The Consumer Council selects those suitable for appointment solely on the basis of merit without regard to an individual’s disability, race, age, gender, religious belief, political opinion, marital or dependents status or sex orientation. Monitoring is carried out to ensure that the equal opportunity policy of the NICS/NIO is effectively implemented. For further details of what characteristics are monitored, the use that is made of this information and the steps taken to protect the confidentiality of individual records please see the equal opportunities section of the Candidate Information Booklet.

### Gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Male |  |  | Female |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance number**  Please provide your National Insurance |  |  |  |  |  |  |  |  |  |

### Community background

Please indicate your community background by ticking the appropriate box below:

|  |  |
| --- | --- |
|  | I have a Protestant community background. |
|  |  |
|  | I have a Roman Catholic community background. |
|  |  |
|  | I have neither a Protestant or Roman Catholic community background. |

### Disability

The Disability Discrimination Act (DDA) defines disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities". The equality section in the Candidate Information Booklet gives an explanation of this definition. Please read that section and then answer the question below.

Do you consider yourself to have a disability? (Please tick one box below)

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |

### Race

Please tick or place an X in one box below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | White |  | Black African |
|  |  |  |  |
|  | Black Caribbean |  | Bangladeshi |
|  |  |  |  |
|  | Chinese |  | Black other |
|  |  |  |  |
|  | Pakistani |  | Indian |

Are you a member of a Mixed Ethnic Group?

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |

Are you a member of the Irish Travelling Community?

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |

If you are of other ethnic origin, please specify in the space below:

|  |
| --- |
|  |

### Language

Is English your first language? (Please tick one box below)

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |

### Sexual orientation

Please consider the statement below and tick one box:

My sexual orientation is towards someone:

|  |  |
| --- | --- |
|  | Of the same sex (this covers gay men and lesbians). |
|  |  |
|  | Of a different sex (this covers heterosexual men and women). |
|  |  |
|  | Of the same sex and of the opposite sex (this covers bisexual men and women). |

### Marital status

Please indicate your marital status by ticking one box below:

|  |  |
| --- | --- |
|  | Single, that is never married or in a civil partnership. |
|  |  |
|  | Married. |
|  |  |
|  | Separated, but still legally married. |
|  |  |
|  | Divorced. |
|  |  |
|  | Widowed. |
|  |  |
|  | In a civil partnership. |
|  |  |
|  | Separated, but still legally in a civil partnership. |
|  |  |
|  | Formerly in a civil partnership which is now legally dissolved. |
|  |  |
|  | Surviving partner from a civil partnership. |

### Dependents

Do you have a personal responsibility for the care of a child or children, a person with a disability or a dependent older person? Please tick one box:

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |